

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	WILLIAM ALLEN NEWSOM	COURT CASE NUMBER	CV 05-673-GMS
DEFENDANT	PAUL HOWARD (ET. AL.)	TYPE OF PROCESS	ORDER/COMPLAINT
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR. SITHA B. ALIE % FIRST CORRECTIONAL MEDICAL ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 6861 NORTH ORACLE RD. TUCSON, AZ. 85704		

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

WILLIAM A. NEWSOM  
S.B.I. # 257317  
DELAWARE CORR. CNTR.  
1181 PADDOCK RD.  
SMYRNA, DELAWARE 19977

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

2006 JUN -1 AM 9:38

CLERK U.S. DISTRICT COURT OF DELAWARE

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold  
\* DR. ALIE'S LAST EMPLOYER WAS: KNOWN PAUPER CASE # OF DEFENDANT 8  
FIRST CORRECTIONAL MEDICAL, LLC  
6861 NORTH ORACLE AD. TUCSON, AZ. 85704  
COPY FOR ATTNY. GENERAL  
TOTAL: 8  
\* FIRST CORRECTIONAL MEDICAL WAS CONTRACTED BY:  
DELAWARE DEPARTMENT OF CORRECTION 245 MCKEE RD. DOVER, DE. 19904

Signature of Attorney or other Originator requesting service on behalf of:

William A. Newsom

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

4-19-06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk PK	Date 4-28-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service	Time
5/31/06	am

Signature of U.S. Marshal or Deputy

BR

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Fcm does not accept for individuals no longer employed - Return unexecuted